

**Clinical Trial: Long Versus Short Tapering of Steroids in Steroid Responsive Moderate to Severely Active UC  
A Randomised Controlled Trial**

Single centre, two-arm, blinded, parallel-group, stratified randomised controlled trial.  
Patientes with active UC with initial steroid response after 2 weeks were randomized to short (6 weeks) or long taper (10 weeks).  
Randomization stratified for ASUC.

Primary endpoint: Steroid-free clinical remission at 6 months.

Results: N=94

- Short taper was inferior to long taper in inducing clinical remission at 6 months (RR 2.19; 1.08-4.46, p=0.02).
- Relapse rates were similar 37% long taper vs 46% short taper, p=0.42)
- No differences were found in UCEIS, Nancy scores or adverse events

Conclusion:

A shorter taper duration of 6 weeks was inferior to a longer taper of 10 weeks in achieving clinical remission of UC at 6 months.

Steroid free clinical remission at 6 months

